## L21 000 460 094

(Re	questor's Name)	
(Add	dress)	
(Ad-	uicss)	
(Address)		<del> </del>
(Cit	y/State/Zip/Phone	= #) 
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	h.

A. RIVERS

JAN - 5 2023



800395951058

10/14/22--01018--016 \*\*30.00

E27.00 To PH 12: 26

· · · · · · · · · · · · · · · · · · ·	COVER LETTER
TO: Registration Sec Division of Corp	
·	
SUBJECT:	MADIAN (LC
	Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Place return all correspon	dence concerning this matter to the following:
r rease return an correspon	defice concerning this matter to the following.
	ANA E ROSARIO
	Name of Person
	Name of Person
	AMERICAN TAX & PAYROLL SERVICES LLC
	Firm/Company
	887 STATE ROAD 436
	Address
	Address
	CASSELBERRY, FL 32707
	City/State and Zip Code
	ANA.ROSARIO@AMERICANTAXPAYROLL.COM
	E-mail address: (to be used for future annual report notification)
For further information co	neerning this matter, please call:
ANA E ROSARIO	407 767-1647
Name of	at (
	1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2
Enclosed is a check for the	: following amount:
□ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address	Street Address:
Registration S	<u>-</u>
Division of Co P.O. Box 6327	
Tallahassee, F	
	Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MADIAN LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/22/2021 and assigned Florida document number \_\_\_\_\_\_L21000460094 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A PO\$T OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida Cirv Zip Code New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action <u>Name</u> <u>Address</u> Title NAHUEL JONATHAN MATIAS! MGR 2409 SAND ARBOR CR  $\blacksquare$ Add ORLANDO, FL 32824 \_\_\_\_ Remove ☐ Change \_\_\_\_ 🗆 Remove \_\_\_\_\_ □Add □Remove \_\_\_\_\_ Change \_\_\_\_\_ □∧dd □Remove \_\_\_\_\_ Change □Add □ Remove 

\_\_\_\_\_ □Remove

\_\_\_\_\_ Change

D. If amending any other inform	nation enter change(s) here: (Attach additional sheets, if necessary.)
	N/A
E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) block does not meet the applicable statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effectecord is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated OCTOBER 10	2022
	Signature of a member of authorized representative of a member
	MGR Typed or printed name of signee